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CONFIRMATION NO. 8719

|                                                                                                                                                                                                                                                                                                        |                                                                                                                   |                                    |                                                                                                                                                                                                                                                                                 |                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <b>SERIAL NUMBER</b><br>10/511,943                                                                                                                                                                                                                                                                     | <b>FILING OR 371(c) DATE</b><br>05/26/2005<br><b>RULE</b>                                                         | <b>CLASS</b><br>239                | <b>GROUP ART UNIT</b><br>3752                                                                                                                                                                                                                                                   | <b>ATTORNEY DOCKET NO.</b><br>U 015420-7 |
| <b>APPLICANTS</b><br>Timo Mahlanen, Helsinki, FINLAND;                                                                                                                                                                                                                                                 |                                                                                                                   |                                    |                                                                                                                                                                                                                                                                                 |                                          |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/FI03/00306 04/16/2003                                                                                                                                                                                                              |                                                                                                                   |                                    |                                                                                                                                                                                                                                                                                 |                                          |
| <b>** FOREIGN APPLICATIONS *****</b><br>FINLAND 20020757 04/19/2002                                                                                                                                                                                                                                    |                                                                                                                   |                                    |                                                                                                                                                                                                                                                                                 |                                          |
| <b>** SMALL ENTITY **</b>                                                                                                                                                                                                                                                                              |                                                                                                                   |                                    |                                                                                                                                                                                                                                                                                 |                                          |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |                                                                                                                   | <b>STATE OR COUNTRY</b><br>FINLAND | <b>SHEETS DRAWING</b><br>1                                                                                                                                                                                                                                                      | <b>TOTAL CLAIMS</b><br>10                |
|                                                                                                                                                                                                                                                                                                        |                                                                                                                   |                                    |                                                                                                                                                                                                                                                                                 | <b>INDEPENDENT CLAIMS</b><br>2           |
| <b>ADDRESS</b><br>140                                                                                                                                                                                                                                                                                  |                                                                                                                   |                                    |                                                                                                                                                                                                                                                                                 |                                          |
| <b>TITLE</b><br>Spraying method and apparatus                                                                                                                                                                                                                                                          |                                                                                                                   |                                    |                                                                                                                                                                                                                                                                                 |                                          |
| <b>FILING FEE RECEIVED</b><br>620                                                                                                                                                                                                                                                                      | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                          |